



City of Cincinnati Income Tax Division

ACH Credit Electronic Filing Program

ACH CREDIT AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER

TAXPAYER INFORMATION

TAXPAYER ACCOUNT NAME: _____

CINCINNATI ACCOUNT NUMBER: _____

SOCIAL SECURITY OR FEDERAL IDENTIFICATION NUMBER: _____

NAME OF FINANCIAL INSTITUTION YOU WILL BE USING FOR ACH TRANSACTIONS: _____

CONTACT INFORMATION

PRIMARY CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____ TELEPHONE NUMBER: () _____

CITY: _____ STATE: _____ ZIP CODE: _____

AUTHORIZATION STATEMENT

I hereby authorize the contact person listed on this form and the financial institutions involved in processing of my payments to receive confidential information necessary to effect electronic payment of withholding taxes, answer inquiries, and resolve issues related to enrollment and payments. If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this authorization on behalf of the taxpayer. This authorization is to remain in full force until the City of Cincinnati Finance Department has received written notification from me of termination in such time as to afford a reasonable opportunity to act on it.

Taxpayer Signature

Date _____

Printed Name

Title _____

Mail the completed registration form to:

**ACH CREDIT ELECTRONIC FILING PROGRAM
CITY OF CINCINNATI
INCOME TAX DIVISION
805 CENTRAL AVENUE SUITE 600
CINCINNATI OH 45202-5799**

*File layout specifications will be mailed to you once your
registration form has been accepted.*